

FORM TO BE USED BY FEDERAL PRISONERS FOR FILING A PETITION FOR WRIT OF  
HABEAS CORPUS UNDER TITLE 28 U.S.C. § 2241

7/28/05 05:12:10

IN THE UNITED STATES DISTRICT COURT

FOR THE

Robert Mc Caffery  
Petitioner  
# 57977-066 FMC Devenis  
P.O. Box 879  
Ayer MA 01432  
(Full name under which you were convicted;  
Prison Number; Full Mailing Address).

05-40146 RYZ

VS.

CIVIL ACTION NO. \_\_\_\_\_

David L. Wilson, Warden  
Respondent(s)

\_\_\_\_\_  
\_\_\_\_\_  
(Name of Warden or other authorized person  
having custody of Petitioner).

PLEASE COMPLETE THE FOLLOWING. READ THE ENTIRE PETITION BEFORE FILLING IT  
OUT. ANSWER THOSE QUESTIONS WHICH PERTAIN TO YOUR TYPE OF CLAIM.

1. This petition concerns: (check appropriate blank)

- ☐ A conviction  
☐ A sentence (CAUTION: If you are attacking a sentence imposed under a Federal Judgment, you  
must file a direct motion under 28 U.S.C. § 2255 in the Federal Court which entered the  
Judgment).  
☐ Jail or prison conditions  
☐ Prison discipline issue  
☐ A parole problem  
☒ Other. State briefly: Inadequate medical treatment

2. Place of detention: Federal Medical Center Devenis,  
Ayer, MA 01432

**HAVE YOU FILED PREVIOUS PETITIONS FOR HABEAS CORPUS MOTION UNDER TITLE 28 U.S.C. § 2255, OR ANY APPLICATIONS, PETITIONS OR MOTIONS WITH RESPECT TO THIS CONVICTION?**

\_\_\_\_\_ Yes \_\_\_\_\_ X \_\_\_\_\_ No

3. If your answer is "yes," give the following information:

a. Name of the Court: \_\_\_\_\_

b. Nature of proceeding: \_\_\_\_\_

c. Grounds raised: \_\_\_\_\_

d. Result: \_\_\_\_\_

e. Date of result: \_\_\_\_\_

f. Citation or number of any written opinion or order entered pursuant to each such disposition: \_\_\_\_\_

4. If you did not file a motion under section 2255 of Title 28 U.S.C., or if you filed a motion and it was denied, state why your remedy by way of such motion is inadequate or ineffective to test the legality of your detention:

I am not questioning the legality of my  
sentence - there is no legal basis to question  
either my plea or sentence

5. Does counsel presently represent you? \_\_\_\_\_ X \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, Name address and phone number of counsel: Michael J. Malloy  
10 Veterans Square, Media, PA 19063

6. Name and location of court, which imposed sentence: United States District  
Court, 21400 United States Courthouse, 601  
Market Street Phila PA 19106

7. Indictment or case number, if known: No: 05-2793

8. Offense or Offenses for which sentence was imposed: Bankruptcy Fraud

9. Date upon which sentence was imposed and the term of the sentence: June 05 -  
term of 15 months

10. When was a finding of guilt made? (Check one)

☒ After a plea of guilty

☐ After a plea of not guilty

☐ After a plea of Nolo Contendre

11. If you were found guilty after a plea of not guilty, was that finding made by:

☐ A jury

☐ A judge without a jury

12. Did you appeal the judgment of the conviction or the imposition of a sentence? ☒ Yes ☒ No

13. If you did appeal, give the following information for each appeal:

a. Name of court: US Court of Appeal - Third Circuit

b. Result: withdrawn

c. Date of result: June 05

d. Citation or number of opinion: \_\_\_\_\_

e. Grounds raised: (List each one)

withdrawn due to a lack of legal reasons.  
It made no sense to appeal without  
grounds

**NOTE: If you appealed more than once, attach an additional sheet of paper the same size, give all the information requested above in question number 13, a through e. DO NOT WRITE ON BACK OF PAGE.**

14. Summarize briefly the facts supporting each ground. If necessary attach a single page behind this page.

**CAUTION:** If you fail to set forth all grounds in this petition, you may be barred from presenting additional grounds at a later date.

a. Ground one: \_\_\_\_\_  
\_\_\_\_\_

Supporting Facts: (Tell your story BRIEFLY without citing cases or law. You are CAUTIONED that you must state facts not conclusions, in support of your grounds. E.g., who did exactly what to violate your rights at what time or place).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Ground Two: \_\_\_\_\_  
\_\_\_\_\_

Supporting Facts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ground Three: \_\_\_\_\_  
\_\_\_\_\_

Supporting Facts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. If this petition concerns jail or prison conditions, prison discipline, a parole problem or other cause under 28 U.S.C. § 2241, answer the following:

a. Did you present the facts in relation to your present complaint in the internal prison grievance procedure?

\_\_\_\_\_ Yes ☒ No

(1) If your answer to "a" above is yes, what was the result? \_\_\_\_\_

(2) If your answer to "a" above is no, explain: there was no formal procedure used. Upon verbally complaining it was stated, "This is how we do it here", and, "This is the best we can do"

b. Did you present your claim to the Bureau of Prisons or other federal agency for administrative action?

\_\_\_\_\_ Yes ☒ No

(1) If your answer is "yes," state the date such claim was submitted and what action, if any has been taken: \_\_\_\_\_

(2) If your claim has not been acted on, attach copies of any correspondence you have received from the Bureau of Prisons or other federal agency concerning you.

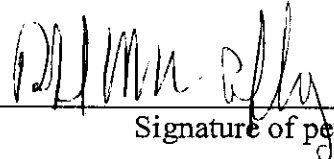
c. **STATEMENT OF CLAIM:** State here as briefly as possible the facts of your case. DO NOT give any legal arguments or cite any cases or any statutes. Attach extra pages of the same size to this page if more room is necessary. DO NOT write on the reverse side of this page.

I am a 55 year old male who has undergone approx 15 procedures including a pancrease bypass in 1980 and a pancrease transplant in 1982. My spleen and gallbladder have also been removed. I suffer from chronic pancreatitis with calcifications and am a brittle diabetic which has caused me to lose all feeling in feet, a neuropathy in both feet and legs, the lose of my teeth and malnutrition. Deven's refused and continue to refuse drugs and their administration of some which were used successfully before my incarceration. Deven's has denied me a level of care needed on a daily basis while making me endure a constant level of pain.

**16. RELIEF:** state briefly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

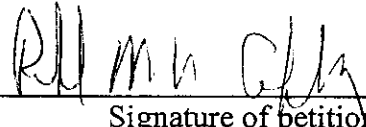
I want the court to allow me to continue my sentence under house confinement. I accept my guilt and sentence. I was wrong in committing my crime. I want however to be able to continue my life after my sentence is complete. I need to be able to have access to the doctors who have cared for me and take my twelve daily medications under their supervision. For my health and my family's health my crime is bankruptcy fraud not being sick. Without proper & necessary medical care I am subject to severe pain on the order of pancreas cancer. I need the proper medications and administration of them.

Signed on this the 22 day of August, 2005.

  
Signature of petitioner

**I DECLARE (OR CERTIFY, VERIFY OR STATE) THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE OR INFORMATION AND BELIEF AND THAT ANY FALSE STATEMENTS MADE THEREIN ARE MADE SUBJECT TO THE PENALTIES OF APPLICABLE LAWS RELATING TO UNSWORN FALSIFICATIONS TO AUTHORITIES.**

Executed on: Aug 22, 2005.

  
Signature of petitioner